

Interpreting OASIS Data Items

Emphasis on Items Used for
Home Health Compare

Presented by:
Andrea Henrich, RN, MS
DDES/BQA
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Objectives

- Describe the general rules for OASIS responses.
- Define the HH Compare data items and their responses.
- Describe tips to help interpret the items.
- Discuss assessment strategies.
- Identify OASIS resources

Program Materials

- Presentation slides
- OASIS items from Chapter 8
- OASIS Resources

Home Health Compare

- www.medicare.gov
- Quality measures
 - Reported on Medicare-certified HHAs
 - Based on OASIS data
 - Subset of OBQI outcomes

Home Health Compare

- Used by:
 - Consumers
 - HHAs
 - Policy makers

Measures to be Removed

- Improvement in upper body dressing
- Stabilization in bathing
- Improvement in toileting
- Improvement in confusion frequency

Measures to be Added

- Improvement in dyspnea
- Improvement in urinary incontinence
- Discharge to community

Measures Retained

- Improvement in ambulation/locomotion
- Improvement in bathing
- Improvement in transferring
- Improvement in management of oral medications

Remaining Quality Measures

- Improvement in pain interfering with activity
- Acute care hospitalization
- Emergent care

Data Items Focus for Today

- M0420
- M0490
- M0520
- M0530
- M0670
- M0690
- M0700
- M0780
- M0830
- M0855
- M0870 & M0100

Reasons for Accurate Interpretation

Data items used for:

- Home Health Compare
- Comprehensive assessment
- OBQI/OBQM reports and performance improvement
- Payment
- Survey process

General Rules

- Usual status/most of time
- Skip patterns
- No reference to previous values
- Minimize "unknown"
- One response unless otherwise noted

M0420: Frequency of Pain Interfering with Activity

- Identifies frequency with which pain interferes with activities
 - Not just pain
 - Not just frequency

M0420: Responses

- 0=Read response carefully
- 1=Less often than daily
 - May include more than day of assessment
- Arranged from least to most interference with activity

M0420: Tips

- Consider pharmacologic and non-pharmacologic treatment
- Pain does not have to totally prevent activity to “interfere” with activity
- Pain that is well controlled may not interfere with activity at all

M0420: Assessment

- Interview
 - Only patient can fully describe
 - Responses to pain vary widely
- Observe throughout assessment
 - During ADLs
 - When reviewing meds

M0420: Assessment

- Assess nonverbal patients
 - Facial expressions
 - Heart/respiratory rate
 - Pupil size
- Be consistent
 - Among clinicians
 - Use pain scales
 - Document at each visit

M0420: Question

- When scoring M0420, would a patient who restricts his/her activity (i.e., doesn't climb stairs, limits walking distances) to be pain-free be considered to have pain interfering with activity?

(CMS Q&A to OCCB, 8/12/04)

M0490: When is patient dyspneic or SOB?

- Identifies when the patient is dyspneic or noticeably short of breath

M0490: Responses

- 0=Never, patient is not SOB
- 1=When walking more than 20 feet
- 2=When walking less than 20 feet
- 3=With minimal exertion
- 4=At rest

M0490: Tips

- If on O₂ continuously, assess while using O₂
- If on O₂ intermittently, assess without O₂

M0490: Assessment

- Focus on observation
 - Ask patient to show you bathroom
 - Observe during ADLs
 - Observe during conversation
- Reinforce observation with interview
- Use same definition

M0490: Question

- How should you best evaluate dyspnea for a chairfast (wheelchair-bound) patient?
- How would you assess a bedbound patient?

(CMS Q&As, August 2004)

M0520: Urinary Incontinence/Catheter

- Identifies the presence of urinary incontinence or any type of urinary catheter.

M0520: Responses

- 0=No incontinence or catheter
 - Anuria
 - Ostomy for urinary drainage
- 1=Patient is incontinent
- 2=Patient requires a urinary catheter
 - For any reason
 - Includes external, indwelling, intermittent, suprapubic

M0520: Assessment

- Use referral information
- Observe
 - Odor of urine
 - Incontinence/catheter supplies
- Interview patient
 - Sensitive area for patient
 - Don't interrogate
- Talk with HH aide

M0520: Tips

- Incontinence includes:
 - Dribbling
 - Stress incontinence
- A leaking Foley or drainage appliance is not incontinence
- Use response 2 if patient is both incontinent and requires a catheter
- Cross check with M0220

M0520: Question

- A patient is determined to be incontinent of urine at SOC. After implementing clinical interventions (e.g., Kegel exercises, biofeedback, and medication therapy) the episodes of incontinence stop. At the time of discharge, the patient has not experienced incontinence since the establishment of the incontinence program. At discharge, can the patient be considered continent of urine for M0520 to reflect improvement in status?

(CMS Q&As to OCCB, 3/4/05)

M0530: When Urinary Incontinence Occurs

- Identifies the time of day when urinary incontinence occurs

M0530: Responses

- 0=Timed-voiding defers incontinence
- 1=During the night only
- 2=During the day and night

M0530: Tips

- Incontinence that occurs during the day = Response 2
- Skip at follow-up if patient:
 - Has no urinary incontinence
 - Has a urinary catheter

M0530: Assessment

- If incontinent, ask when incontinence occurs

M0530: Question

- How should I respond to M0530 for the patient with an ureterostomy? (CMS Q&As, August 2004)

General Rules for Functional Status Items

- Focus on ability
 - Not willingness or compliance
- Emphasis on "safety"
 - Temporary or permanent limitations
 - Day of assessment/> 50% of time
- Current & prior status

M0670: Bathing

- Ability to wash entire body
 - Excludes
 - Grooming (washing hands/face only)
 - Bathing related tasks
- Assistance required to safely bathe in shower/tub
- Ability, not willingness

M0670: Responses

- 0=Able to bathe independently in tub/shower
- 1=Requires devices
- 2=Requires intermittent assistance
- 3=Requires assistance throughout
- 4=Unable to use shower/tub
- 5=Totally dependent in bathing

M0670: Assessment

- Ask what assistance needed
- Observe
- Consider safety

M0670: Tips

- Various factors can influence the patient's ability to bathe safely:
 - Fear of falling
 - Permanent or temporary restrictions
 - Environmental limitations

M0670: Question

- A patient is unable to participate in the bathing tasks, and is totally bathed by a caregiver, but the caregiver bathes the patient in the shower (i.e., lifts the patient into a shower chair, rolls patient to the shower and bathes that otherwise passive patient)....Would the patient be scored a '5' because they are unable to effectively participate in bathing and are totally bathed by another person, or a '3' because the patient requires the presence and assistance of another person to bathe in the shower?

(CMS Q&As to OCCB, March 2005)

M0690: Transferring

Ability to safely transfer

- Non-bedfast
 - From bed to chair
 - On/off toilet or commode
 - Into/out of tub or shower
- Bedfast
 - Turn & position self in bed

M0690: Responses

- 1=Minimal human assistance or assistive device
- 2=Requires ability to bear weight and pivot
- 3=Unable to transfer and unable to bear weight or pivot
- 4 & 5= applies to bedfast patient

M0690: Assessment

- Use referral information
- Ask about transferring ability
- Observe assistance required for safe transfer

M0690: Tips

- If ability varies, consider frequency of activities
- Other types of transfers are not considered for M0690

M0690: Question

- If the patient takes extra time and pushes up with both arms, is this considered using an assistive device?

(CMS Q&As, August 2004)

M0700: Ambulation/Locomotion

On a variety of surfaces, ability to safely:

- Walk, once in a standing position
- Use a wheelchair, once in a seated position

M0700: Responses

- 1=Assistive device to walk alone or human assistance to safely negotiate stairs/steps or uneven surfaces
- 2=Supervision or assistance needed at all times
- 3 & 4=Chairfast
- 5=Bedfast

M0700: Assessment

- Ask about ambulation ability
- Observe ambulating across room/to bathroom
- Note if uses walls/furniture for support - make inferences
- Work for consistency in assessments

M0700: Tips

- If patient combines ambulation and wheelchair, assess ability to walk
- Item does not differentiate between manual and powered wheelchair

M0700: Question

- How should I respond if my patient has physician-ordered activity restrictions due to a joint replacement? What they are able to do and what they are allowed to do may be different.

(CMS Q&As, August 2004)

M0780: Management of Oral Medications

- Ability to prepare and take all oral medications reliably and safely
 - Correct med
 - Correct dose
 - Correct time

M0780: Responses

- 0=Takes correct meds independently
- 1=Describes methods to assist in taking meds
- 2=Specifies someone else must administer

M0780: Tips

- Includes:
 - Oral meds only
 - OTCs
- Excludes:
 - Meds via:
 - Injections
 - IVs
 - Tube, e.g., Gastrostomy
 - Filling, reordering and obtaining meds

M0780: Tips

- Focus on ability, not willingness or compliance
- If ability varies, consider total number of meds and doses
- If living in ALF, assess patient's ability
- Does not require understanding of side effects

M0780: Assessment

- Ask to state proper dose/times
- Observe opening med container
- Evaluate cognitive/mental and functional status
- Make response consistent with POC

M0780: Question

- What is the appropriate response if my patient sets up her own pill planner?

(CMS Q&As, August 2004)

M0830: Emergent Care

- Identifies whether the patient received any unscheduled visit to emergent medical services other than home care agency services.
 - Did emergent care occur?
 - Doesn't ask why

M0830: Responses

- 1= Hospital emergency room
 - Brief encounters
 - Hold for observation
- 2=Doctor's office emergency visit/house call
 - Scheduled less than 24 hrs in advance
- 3=Outpatient department/clinic emergency

M0830: Tips

- PRN agency visits are not emergent care
- Emergent care after a fall may include:
 - Portable x-ray
 - Nurse practitioner from doctor's office

M0830: Assessment

- Ask patient if he made any unscheduled visits to Dr. or hospital
- Check visit documentation
- May need to verify

M0830: Question

- If a patient died before being formally admitted to an inpatient facility, do I collect OASIS for Death at Home?
(CMS Q&As, August 2004)
(CMS Q&As to OCCB, 10/20/04)

M0855: Inpatient Facility Admission

- Identifies the type of inpatient facility to which the patient was admitted

M0855: Responses

- 2=Rehab Facility
 - Certified, distinct rehab unit of general acute care hospital
 - Freestanding rehab hospital
- 3=Nursing Home
 - Skilled nursing facility
 - ICF/MR
 - Nursing facility
- NA=No inpatient admission

M0855: Assessment

- Obtain information from patient, family, physician
- May need to contact facility to clarify how it is licensed

M0855: Question

- You will respond to M0855 at discharge even if the patient has not been admitted to an inpatient facility.

- True
- False

(OASIS Web-based Training, M0855)

M0870: Discharge Disposition

- Identifies where the patient resides after discharge from the HHA

M0870: Responses

- 1=Remained in community
 - No - if hospital, nursing home or rehab facility
 - Yes - if ALF, RCAC, board and care housing

M0870: Responses

- 2=Transferred to noninstitutional hospice
 - Yes - Hospice care at home or caregiver's home
 - No - inpatient facility
- 3=Unknown, moved from area
- UK=Other unknown

M0870: Tips

- Discharge due to change in pay source:
 - Example: MA skilled to MC skilled
 - Response 1 - Patient remained in community

M0870: Assessment

- At discharge, ask where patient will be residing

If...	Then...
Patient is being discharged from agency...	Complete M0870 and M0880.
Patient is being transferred to an inpatient facility...	Do not complete M0870 and M0880.
Unsure...	Clarify with clinical supervisor.

(OASIS Web-based Training, M0870& M0880, Special Alerts)

M0870: Question

- My patient was admitted to the hospital, and I completed the assessment information for Transfer to an Inpatient Facility. His family informed me that he will be going to a nursing home rather than returning home, so my agency will discharge him. How should I complete M0870?

(CMS Q&As, August 2004)

Resources

- OASIS Implementation Manual
 - <http://www.cms.hhs.gov/oasis/usermanu.asp>
- CMS OASIS Web-Based Training
 - www.oasistraining.org

Resources

- CMS Q&As
 - www.qtso.com
 - Bulletins on State OASIS System Welcome page
- BQA trainings

Copies of Today's Training

- Call: The UW Extension
 - 608/262-4342
- Write: The Pyle Center
 - Attn: Tape Orders
 - 702 Langdon Street
 - Madison, WI 53706

Thank you for Your Participation



Coming together is a beginning.
Keeping together is progress.
Working together is success!
